MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3068

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 275

Township ..... Primary Registration District No. 5003 Registered No. 275

City St Louis (No. 613 Shenandoah St. ..... Ward)

2. FULL NAME Garie G. Baltz

(a) Residence. No. 613 Shenandoah Ave Ward 23
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Baltz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9 - 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	6	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sta Engineer 34
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Brown Shoe Co

9. BIRTHPLACE (CITY OR TOWN) Milstadt Ills 2
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Nicholas Baltz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Adele Moser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Myrtle Baltz
(Address) 613 Shenandoah Ave

15. FILED ....., 19.... [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 19th, 1930, to Jan 6th, 1931 that I last saw him alive on Jan 6th, 1931, and that death occurred, on the date stated above, at 1:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver + Ascites (Probably Alcoholic) Draining the Abdomen for Dropsy
124A
93C
(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) — yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? X
IF NOT AT PLACE OF DEATH? X
21 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Paracentesis 1-2-31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) Walter E. Frank, M. D.
1-6-, 1931 (Address) 1405 S. Bdwy

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
S.S. Peter Paul	Jan 9 1931

20. UNDERTAKER	ADDRESS
Wacker Helderle	2331 S Bdwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.